(b) the steps Government have taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) We are aware of the Report that appeared in the 'Hindustan Times' dated 20th December, 1986. The Ministry organised a meeting which was attended by representatives *ot* women's organisations, Voluntary "Bodies, Medical and Legal professions on 19th December, 1986.

On the basis of the recommendations, a Small Committee to consider the entire question of Aminio-centesis and sex-determination, has "been constituted.

गोल मार्किट नई दिल्ली के केन्द्रीय सरकार स्वास्थ्य योजना के औषधालयों में देरी से दवाइयां मिलना

2400. **श्री सूरज प्रसाद** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि डा० राम मनोहर लोहिया अस्पताल के डाक्टरों द्वारा लिखी गई दवाइयां गोल मार्केट के केन्द्रीय सरकार स्वास्थ्य योजना के औषधालय द्वारा 15 दिनों के पश्चात् सप्लाई की जाती है जिनकी मांग करने में साधारण-तया 4-5 दिन लग जाते हैं और इस प्रकार रोगियों को दो सप्ताह की बजाय एक सप्ताह के लिए ही दवाई मिलती है तथा इन औषधालयों में दवाइयों के वितरण की उचित व्यवस्था नहीं है ;

(ख) यदि हां, तो क्या सरकार को पिछले चार महिनों में उपर्युक्त औषधालयों का लाभ उठाने वालों से कोई शिकायत मिली है, यदि हां, तो इस संबंध में क्या कार्यवाही की गई है; और

(ग) क्या यह भी सच है कि गोल मार्कीट के औषधालय नं० 2 में नियुक्त डाक्टर कार्य-समय के दौरान औषधालय में नहीं मिलते हैं ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (कुमारी सरोज खापर्डे) : (क) चिकित्सा सामग्री डिपो के माध्यम से इंडेंट की गई औषधियां लाभार्थियों को प्रायः 2-3 दिनों के अंदर दे दी जाती हैं। तात्कालिक आवश्यकता की स्थिति में कोई भी लाभार्थी प्रभारी चिकित्सा अधिकारी अथवा आपात-कालीन ड्यूटी पर तैनात चिकित्सा अधिकारी से केन्द्रीय सरकार स्वास्थ्य योजना द्वारा अनुमोदित केमिस्ट से औषधियों की सप्लाई के लिए प्राधिकार प्राप्त कर सकता है।

(ख) इस विषय में प्राप्त शिकायत की जांच की जा रही है।

(ग) ऐसा कोई मामला ध्यान में नहीं आया है।

Eve teasing in D. T. C. buses

2401. SHRI SATYA PRAKASH MALAVIYA:
SHRI VIRENDRA VERMA:
SHRI J. P. GOYAL.

Will the Minister of SURFACE TRANSPORT be pleased to state:

(a) whether Government are aware of the increasing incidents of eve, teasing in DTC buses and the recent molestation of a student of Lady Irwin College by students in a private bus operating on DTC route, if so, the details thereof;

(b) what action has been taken against the driver and conductor of the bus involved in the incident for their alleged unhelpful and indifferent attitude in rescuing the girl student from the ruffians; and

(c) if so, what measures have been taken by Government to curb such incidents in DTC buses and to safeguard the honour of the travelling women passengers?

THE MINISTER OF STATE OF THE MINISTRY OF SURFACE TRANSPORT (SHRi RAJESH PI-

LOT): (a) Two students of Lady Irwin College were reported to have been misbehaved with by a group of boys on 17-2-87 in a private bus No. DEP-4787 on operating under DTC.

(b) The operation of the bus has been suspended and the conductor on duty has also been placed under suspension.

(c) DTC's standing instructions provide that the conductors and drivers shall take the bus to the nearest Pollice Station in all such cases. DTC also allows two police personnel in uniform to travel free of cost in its buses at a time.

Objetetives of the immunisation,

2402. SHRI SHANKER SINH VAGHELA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-

(a) whether it is a fact that on January 9, 1987 the Prime Minister expressed his dissatisfaction over the delayed implementation of the 'technological mission' for immunisation ^and has urged for paying down a definite time-table to accomplish its well defined objectives;

(b) if so, what are the objectives of this mission and its fixed timetable; and

(c) what are the targets fixed for the current year and the next year of this mission?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SARD J KHAPARDE): (a) No, Sir. The Prime Minister has among other things, stressed that the Mission should have clearly defined objectives and an action plan indicating the strategy and |methodology for achieving them and, it should also have a definite time-frame and elements of self-reliance, people's participation, human resources development, decentralisation of decision making.

(b) The objectives of this Mission are to:

(i) Reduce Morbidity and Mortality due to diptheria, pertussis, tetanus, poliomyelitis, tuberculosis and measles and typhoid.

(ii) To achieve self-sufficiency in vaccine production. It is aimed to achieve 100% coverage of pregnant women with doses of Tetanus: Toxoide vaccination and 85% of infants with DPT, Polio BCG and Measles vaccination by 1990,

(c) The target fixed for the vaccination of pregnant women and infants f°v the years 1986-87 and 1987-88 are given in the enclosed Statement. (See below)

A_s for the targets under the Sub Missions of production of vaccines and R & D for the new and improved vaccines during these two-yeare; detailed negotiations. Government approvals and DPR and engineering will be completed for setting up manufacturing units for measles, polio, rabise and hepatitis-B vaccines. Activities under construction, procurement of equipments and recruitment and training of personnel would also be taken up. Local trials for new pertussis vaccine will be completed and further negotiations and approvals will commence and continue during this period. R&D projects will also commence-at the various centres.